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OPERATIONS FOR CATARACT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following three cases of Cataract, which have recently been under my notice, have presented some interesting and unusual features, either as regards the phenomena they have exhibited or the operations performed for their relief. I take the liberty of offering them for your pages, if you deem them of sufficient interest to merit a place there.

Yours most respectfully,

10 Essex st., Boston, June 15, 1850.

HENRY W. WILLIAMS.

CASE I.—*Microphthalmos, complicated with Congenital Cataract in both Eyes—Operation.*

In April last, through the courtesy of a physician of this city, I had an opportunity of examining the eyes of S. L., a boy of 13 years. I learned from his mother that his father had extremely small eyes, which were also the seat of double congenital cataract, for which he underwent operations without any favorable result. The boy has been for several years a pupil at the Asylum for the Blind, and can read with his fingers the books printed with raised letters, with considerable readiness.

His eyes presented the following appearances. The entire globe was extremely small, not more than half the size proper to his age, and much sunken in the orbit. The iris, in both eyes, was scarcely more than half the average size in a new-born infant, and the pupil merely as large as a mustard seed. The entire field of the pupil in the right eye was occupied by a cataract, apparently formed by the capsule only of the crystalline, the lens having been absorbed. Nearly the entire circumference of the pupil was adherent to this opacity, and it was incapable of being enlarged, except in the slightest possible degree, by the application of belladonna to the eye. The pupil of the left eye presented an opacity covering nearly its entire surface, but a minute point existed towards the temporal side which was unoccupied by the cataract. The adhesions appeared less extensive than in the right eye, and the pupil dilated very slightly under the influence of belladonna. The opacity was a little less white than in the right eye. In both eyes spots of a chalky color could be noticed on the surface of the capsule. As usual in congenital cataract, the globes oscillated in the orbit, not obeying the will of the patient. The eyelids presented the phenomenon

which has been mentioned by authors as accompanying microphthalmos; a very close approximation when the patient endeavored to see an object; being so nearly closed that a mere fissure remained between their edges.

Merely a perception of light existed in the right eye; but, thanks to the minute aperture existing in the left eye, between the edge of the pupil and the opaque capsule, he could guide himself, and could distinguish large objects when very near him. He could distinguish a man from a woman in passing them in the street, and by bringing his eyes close to an object could after a time make out its details. He could see the very large letters of the title-page of a book, or the letters at the head of a newspaper, by placing the book or paper within half an inch of his eye, and quite in contact with his forehead or cheek.

I advised that he should not resign himself to a life of blindness without an attempt to obtain an increased degree of vision. The patient was opposed to an operation, for, having been so long among those who were deprived of even a limited amount of vision, he regarded himself as belonging to the fortunate class, and was not aware how much was yet wanting to his full enjoyment of the sense of vision. His objections were disposed of by his friends, and I operated upon the right eye the 7th of April, 1850.

The rolling of the globe offered an obstacle to a successful accomplishment of my object, but the patient was in rather a sensitive and excited state, so that I feared to secure it by a hook or forceps lest he might cause serious injury to the organ by some sudden movement. It was also impossible to maintain the steadiness of the eye by pressure with the fingers, on account of its miniature size, and depth of situation in the socket, allowing scarcely room for the introduction of the needle. I therefore decided, contrary to my usual practice in such cases, to place the patient under the influence of chloroform. Its effects were most happy in instantly arresting the involuntary motions.

Having seated myself in front of the patient, I depressed the lower lid with my right hand, whilst the upper was raised by Dr. H. O. Stone, and taking in my left hand the curved needle of Scarpa I introduced it through the sclerotica and passed it towards the edge of the pupil, where I endeavored to divide the adhesions. I succeeded in severing those connected with the lower edge of the pupil, and, passing the needle before the anterior surface of the capsule, I made several efforts to detach those which still remained at its upper edge. I was unable to effect this object, and felt compelled to relinquish further efforts, as the patient had commenced most copious vomiting; which, but for the admirable manner in which his head was supported by the gentleman having charge of the upper eyelid, might have caused serious mischief, and which would have deluged me with the contents of his stomach had not my right hand and wrist served as a shield. I therefore carefully withdrew the instrument in the same direction in which I had passed it through the sclerotica. The patient was laid upon a bed, and his eye closed by two strips of court plaster. Compresses dipped in cold water were ordered to be applied if any pain was complained of.

I learned in the afternoon that the emesis had continued during the entire interval between my visits, but he complained of no pain in the eye, though he had some headache. The next day he was more comfortable. He had slept well. The eye was scarcely at all injected, and the injection entirely disappeared in the course of the succeeding three days. I had hoped that the capsule would contract to such an extent, after the division of its adhesions, that a large part of the pupil might become clear. This contraction occurred in a limited degree. A crescentic black line could be observed in the lower part of the pupil, showing that at this point light might enter the posterior chamber. The patient could now perceive some objects with this eye, but not quite as well as with the left.

I determined to repeat the operation in a different manner, and endeavor to remove the opaque veil which still hung behind the pupil. Drs. Parkman, York, H. O. Stone, C. Stevens, and Messrs. Page and York, did me the favor to assist at the operation. Chloroform was again administered, with similar results, except that vomiting was induced only at a later period. I employed the bent cornea knife, designed for operations for artificial pupil, for making a small section of the cornea at its outer side, holding the knife with the left hand, and depressing the lid with the right. Finding, however, that the cornea was rather flaccid and disposed to yield before the point of the instrument, I preferred to exchange it for the needle of M. Desmarres for making the paracentesis of the cornea, which has a lance-shaped head, and is provided with a guard to hinder it from penetrating beyond a certain distance. I found this precaution a most desirable one in this instance, where the excessively small dimensions of the anterior chamber afforded a more than usually limited space for the requisite manœuvres.

An incision of about a line and a half having been made with this instrument, I introduced the fine, sharp hook through the anterior chamber, until it was opposite the pupil. The point was then directed towards the capsule, and firmly implanted in it. Force was now used to endeavor to detach it, tractions being made in a downward and an outward direction. I also endeavored to break up the adhesions by a twisting motion, but it was evident that they had such a degree of firmness that the iris would probably be torn from its connections with the ciliary body before they would give way. Not being able to effect the removal or displacement of the capsule by any amount of force which I deemed it safe to use, I was compelled to withdraw the instrument; but reluctant to abandon the eye without obtaining some advantage from the operation, I resorted to another and a novel expedient. I selected one of Anel's probes for the lachrymal passages, and introduced it through the incision of the cornea and the pupil. It was then placed near the middle portion of the capsule, and the opaque veil was pushed upwards, and held for a few instants in contact with the posterior surface of the iris. The probe was then withdrawn a short distance, and the capsule partially descended; but I carefully repeated the manœuvre, and this time with perfect success: the capsule remained in its new position, and the pupil was perfectly clear.

Very slight injection of the sclerotica and conjunctiva followed this operation, perhaps just enough to induce adhesion between the capsule and the posterior surface of the iris. At all events, the pupil remained free, and the edge of the capsule only could be perceived at the point of adhesion with the upper edge of the pupil, being just discernible when the head was thrown back and the eye turned as far as possible upwards.

I considered it advisable to proceed to an operation on the other eye at the same sitting, and obtained the reluctant consent of the friends of the boy. In this eye I again employed the needle of Scarpa, passing it through the sclerotica, as in the first operation on the right eye. The pupil, which had been slightly dilated by the continued application of the ext. belladonnæ around the orbit, instantly contracted to the size of a pin hole, so that I was compelled to bring my head very near the eye of the patient in order to see through so minute an aperture. I succeeded, notwithstanding, in introducing the point of the needle through the pupil into the anterior chamber, destroying a vortion of the adhesions, and removing a large portion of the cataract from the field of the pupil; but the excessive contraction of the pupil made it impossible to distinguish whether I had removed the entire capsule. Satisfied with having effected thus much, I cautiously withdrew the needle, and closed the eyes with slight strips of court plaster. Vomiting occurred between the operations on the right and the left eye, and recurred after the patient was put to bed. The use of belladonna was continued for some days after the operations, and the chamber was darkened.

No inflammation, beyond the ordinary amount of injection of the external membranes, occurred in either eye. No bad effects appeared to have been produced by the chloroform.

Ten days after the operations, his vision was found to have considerably improved, especially in regard to objects at a distance. He had never before been able to view a landscape, but he could now distinguish the State House from Boylston street, a distance of about a third of a mile; and could also see objects much more remote. The same letters which he could before read only when the paper was almost in contact with his eye, could now be perceived at the distance of several inches, and he could read a much smaller type than before. Large near objects could be seen without bringing them close to his eyes, and he could distinguish objects across an ordinary-sized room.

The patient spent some time in Worcester, and I again saw him on the 25th May. His sight has steadily but very slowly improved, especially for distant objects; and it is yet further augmented in clearness by the use of double convex glasses. With those of two and a half inch focus he can read most of the words of a title-page at the distance of eight or ten inches, and can even read an ordinary print, but only letter by letter. The tendency to close the lids when he wishes to observe an object still remains, perhaps to allow the pupil to dilate to its fullest capacity. The pupil of the right eye remains entirely clear; about one fourth of that of the left is still occupied by a portion of capsule which,

it is to be hoped, will in time shrink to smaller dimensions. Vision is still rather better in the left eye than the right. The long torpidity of the retina of the right, from deprivation of its proper stimulus, may account for this fact. We may reasonably hope that in both eyes an improvement of sight will continue to take place, as exercise, and, if we may so speak, education, developes their dormant capabilities. But on the other hand it is scarcely probable that eyes so much less than the standard dimensions can possess the full degree of power of vision which belongs to the perfectly-developed organ.

The results of the operations must be regarded as eminently satisfactory, since, though performed under circumstances greatly enhancing the difficulties of their execution, the success has been nearly perfect. Were the organs otherwise competent to the fulfilment of their function, the slight opacity remaining in the left pupil would be no serious obstacle.

The boy was advised to return to the country for the summer, and to devote his attention to out-of-door pursuits, rather than to make frequent attempts to exercise his sight upon minute objects. Such a course will probably enhance his visual power, which may afterwards be applied with more advantage to pursuits requiring closer observation.

[To be continued.]

DR. LEONARD ON THE DIFFERENT VARIETIES OF DIARRHŒA.

[Concluded from page 406.]

(*k*) **CHOLERA INFANTUM**, or the chronic cholera of infants, is another diarrhœa common to the New England and middle States during the summer and autumn. The season is now fast approaching when this formidable disease will be prevalent, and the connecting link of many a young and interesting family circle will be snapped asunder, and the tenderest and much-loved one consigned to the shades of death. There will be no power to avert, no skill to save, in many instances of this most intractable scourge. It is somewhat allied to *lienteria*, though it is evidently a species of cholera.—(*Maunsell and Evanson.*)

"Cholera infantum is a disease indigenous to this country. It prevails every year, as an endemic, in all the large cities throughout the middle and southern, and most of the western States, during the season of the greatest heat."—(*Condie.*)

This disease may terminate in health in a short time, or it may terminate fatally in a few hours. A great many cases become chronic and continue for weeks or months. It is most frequently met with in large cities and marshy districts. Very young children are not liable to it, nor those who have passed over the third year of life. During dentition and nursing there is an increased liability to it. Children that nurse too long are apt to have this form of "summer complaint." "Irritating and inappropriate articles of food are at all times apt to produce disorders of the stomach and bowels, and when the system is predisposed to affections of this kind, by the causes mentioned above, slight errors, in this respect, give rise to an attack of cholera." Having for one of its

causes a high degree of atmospheric temperature, and its development being favored by density of population, and miasma, this disease is found to prevail in the lanes and alleys of large towns among the destitute; yet no class of society is exempt from it, from the lowest grades to the highest ranks in the community.

Its first symptoms are diarrhœa and vomiting; there will be considerable febrile disturbance, coldness of the feet and hands, a death-like expression of the countenance, and indications of pain. The matter vomited is of all colors; is green or light, dark or blackish—the dejections are milky, turbid and offensive. As the complaint progresses, the symptoms become less acute, the skin is hot and dry, vomiting less frequent, scantiness of urine, the stools of all shades and hues—white, green, chrome color, curd-like, yellow and tinged with blood—and the diarrhœa continues. At this period the tongue is dry, and aphthæ, œdema and petechiæ are seen. Lastly, there is emaciation, drowsiness, difficult deglutition, rigidity, paralysis, convulsions and death.

Its chief anatomical characters are an undue development of the follicles of the stomach and bowels, inflammation and softening of the mucous membrane of the stomach and large intestine, ulceration of the follicles, other organs and parts being involved, as the liver, lungs, and lastly the brain, which becomes softened, its membranes inflamed, and there is “effusion in the sub-arachnoid tissue.”—(*Hallowell on Endemic Gastro-follicular Enteritis—Amer. Jour. of Medical Sciences for July, 1847.*)

Such, then, are its symptoms and morbid anatomy. Its treatment must depend upon the stage of the disease and the morbid condition existing. To allay irritation and vomiting, some mild stimulating application may be put over the stomach, as a mustard or ginger poultice, the first being tempered to the case, and the latter mixed with an equal part of meal. They should not be kept on too long, but may be removed from time to time as circumstances require. A few drops of tinct. opii may then be given in a weak solution of the bi-carbonate of potash—or a little tinc. of ginger or ess. of spearmint may be administered in the chalk mixture. If the vomiting still persists, a drop of creosote may be given every half hour until nausea ceases. Dr. Condie says, “when everything else fails, we believe that we shall be seldom disappointed in allaying the gastric irritability by the prescription of a teaspoonful, every hour or two, of the following solution:”—*R. Aquæ puræ, ℥ j.; acetat. plumbi, gr. v.; sacch. alb., ʒ iij. M.*

If inflammatory action is established, it must be counteracted by leeches over the stomach or abdomen; and mercurials, aconite and nitro may be employed very cautiously till it be subdued. To restrain the diarrhœa during the acute stage, small doses of Dover's powder or some other opiate, with or without lead, may be tried, and if they fail, enemata of laudanum and starch can be had recourse to. Farther on in the disorder, we may try strychnine, catechu, kino, spiræa, tannic acid, &c., in connection with alterative remedies. Lastly, stimulants and tonics are required to sustain the patient and to prevent effusion from exhaustion. Nutritive food may now be given, as milk whey, wine whey, broiled salt pork and fish, &c.

It is indispensable in this form of diarrhœa, as well as in all others, that the patient be kept quiet, at perfect rest, and that cleanliness be scrupulously observed in the sick room. The clothing, the bed, and everything which relates to the sick, should be kept in the neatest manner. There should be free ventilation *above all things* else, for without this we can hardly expect any benefit from other treatment. Wet and filthy cloths, or clothing left in contact with the patient's body, induce purging in some way; call it *sympathy*, or anything else, it is certain that such an effect is produced, and therefore the exposure ought to be avoided on this account, if on no other.

The saline treatment here, or the use of salted provisions, bears a nearer relation to the employment of salt in malignant cholera than in other forms of bowel complaints. Here the analogy is truly "striking," and suggests the adoption of it in cholera infantum, and I would recommend a trial of Dr. Stevens's prescription in the latter disease. "R. Sodæ sesquicarb., ʒj.; sodii chlorid., 3j.; potass chloratis, gr. viij. Misce." Dissolve in half a tumbler of cold water, and give a teaspoonful every fifteen or thirty minutes till re-action takes place, then give two drachms once in four hours. Speaking of its use in cholera, Dr. Stevens observes, "when the stomach is very irritable, the use of the saline powder may be occasionally suspended, and common effervescing mixtures, or small doses of common soda powders, with an excess of the carbonates, used until vomiting abates, and then the carbonate of soda, with larger doses of the chlorate of potash, may be given by itself, in doses of ten grains each." Of course, this treatment is most applicable to the first stages of the complaint, but I am inclined to think that the chloride of soda is capable of doing great good throughout its entire progress, upon the principles I have attempted to establish.

"In the *chronic* form of the disease, however, beef tea, or weak chicken broth, sometimes produces a favorable change in the state of the stomach. In cases of this kind, the patient manifests a most urgent craving for certain strong and stimulating articles of food, such as salted and smoked herring or shad, old and rancid bacon, salted beef, &c., while the stomach appears to loathe all the light and unirritating articles of nourishment. When this occurs, it will be proper to cautiously gratify the newly-awakened appetite, however opposed to the ordinary rules the indulgence may appear to be." "I have seen many children recover," says Dr. Rush, "from being gratified in an inclination to eat salted fish, and the different kinds of salted meat."—(*Vid. Eberle's Treatise on Children, page 297.*) I had a little patient, in the autumn of 1845, who had a peculiar relish for fat roasted meat and beef steak. He was allowed to indulge his appetite, and recovered from a very low state without much medicine, save opiates. He had been ill for nearly two months, when this dietetic course was resorted to with the happiest effects. These patients sometimes hanker for butter as well as fat meats, and eat it with advantage. This indicates the *necessity* of oils to supply the waste which is continually going on in cholera infantum.

(1) *Cholera Morbus*, sporadic cholera, English cholera, *passio cholericæ*, &c., are synonymes, meaning a disease where violent purging and

vomiting are the leading symptoms. The disease may be preceded by colicky pains, nausea, a sensation of fulness of the bowels, rigors, &c., or it may come on suddenly with cramps and spasms.

It has for its cause, hot weather, it being peculiar to our summers and autumns and to hot climates. It is common to travellers over the Isthmus of Panama, and through Mexico, and the natives of those countries are also subject to it. Any irritant influence upon the stomach or nervous system may produce it—as fear, grief, crude fruits, unwholesome food, or too much matter in the stomach. The complaint was very prevalent at San Francisco and Sacramento city last summer and fall. At the latter place I observed that there was scarcely any time of night, but that the distressing groans of some one in pain, retching, vomiting, &c., could be heard, which really rendered the nights gloomy and dismal. Near to every tent and domicile these scenes were hourly and nightly witnessed. In hot countries it is more fatal than with us. At Panama I knew a stout healthy man eat freely of pine apples and other fruit, and die of cholera morbus in a few hours. Many of our people have lost their lives by indulging in such imprudencies, since the Isthmus and Mexico have become thoroughfares to the new El Dorado. Intemperance in wine and other liquors is another cause of cholera morbus—so is the eating of shell fish, the drinking of bad water, or taking too much drink of any sort.

The cure consists in avoiding the causes as much as possible, allaying the vomiting, purging and irritation, and in quieting the pain and restoring strength. 1. See that the patient shuns all external causes and adopts a proper regimen. 2. Apply sinapisms to the feet and over the stomach, and give morphia and peppermint in a solution of the bi-carbonate of potash to arrest vomiting, purging and irritation. This is when the matter ejected is green and bilious; but if it happens, as it sometimes does, that the stools and matter vomited are light colored, small doses of calomel and morphia will be best, until the bilious hue is restored to the alvine evacuations. 3. Opiates and stimulants should be continued till pain abates and the patient becomes refreshed, afterwards the patient is to be trusted to a mild but nourishing diet, and tonics, like quinine, quassia, gentian, &c.

I do not approve of the practice of provoking emesis and catharsis by any means whatever; for generally this will go to excess of itself—in fact, these two actions in excess constitute the disease. There is no such thing as cholera morbus without violent vomiting and purging. Then why aggravate and make worse that which we should quiet and restore? If a person be just attacked, and we have reason to suppose that there are substances in the stomach which irritate, some bitter infusion like green tea may be given till gentle emesis is induced. *Purges* are never admissible during the earlier stages of the disorder.

(m) *Cholera Maligna*, or epidemic cholera, is a disease well known to the readers of this Journal, though not so frequent and constant as most of the other species of bowel complaints attended with diarrhæa which I have glanced at in this essay. It differs remarkably from the last-mentioned species (cholera morbus), in that the dejections are

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generally light colored, like *rice water*, and contain no bile. They may be bloody, and are astonishingly profuse—the cramps are more severe—then there is the stage of *collapse*, blueness of the skin, corrugation, the *vor cholericæ*, and the consecutive fever, which do not belong to any disease but the Asiatic cholera.

Much has been written upon cholera—upon its nature, causes, pathology and treatment. I shall not attempt to add anything in this way more than to say a very few words. From what I know of the complaint, I am led to think that it is not contagious; but it may become infectious under certain circumstances. I believe it to depend upon “epidemic influence,” whenever it merits the term epidemic cholera. (*Vid. my paper “On Epidemic Influence,” Boston Med. and Surg. Jour. for June 28, July 5 and July 12, 1848.*) When this influence is in operation, the passions of the mind particularly predispose to the development of the poison—and undoubtedly many *imaginary* cases of cholera occur.

Mr. B. consulted me while on the “isthmus,” last May, saying that he thought that he had cholera. After examining his case, I informed him that he was mistaken, that he was not even sick. In the course of a few hours he sent for me in great haste, the messenger saying that B. had “got the cholera the worst kind.” I found him free from all choleric symptoms; he had not got diarrhœa. He fancied, however, that he had “cramps.” I thought it best to treat him for cholera! I told him I should give some “cholera pills” which would cure him very quick. I sent him some *bread pills*, one to be taken every thirty minutes till symptoms improved, &c. He was well the next morning. After the subsidence of the cholera panic at Panama, I told him what those cholera pills were made of. He would not believe me at first, but when he saw that I was in earnest, he went away mortified and chagrined at his own folly. From this case, and from thousands like it, we infer that persons may worry themselves into disease, and that unless we can control the minds of such patients we shall not be likely to do them the least good. I have no doubt that many of the cholera cases reported to have been cured “*homœopathically*” were of this character, where the distemper was located in the “spiritual essence” of the patient’s mind, and not in the vital parts of the body.

Epidemic cholera manifests a partiality for particular locations, as experience and its history show. It has never prevailed on the Pacific side of this Continent, though it has raged with fearful strides in the same latitudes in the interior and on the Atlantic. Now diarrhœa is an endemic disease, prevailing at all seasons on the Pacific coasts from Chili to Oregon, in every port; yet it is a singular fact that cholera maligna has never invaded the Pacific shores.* Now whether the *endemic* influences which produce diarrhœa are such as in some way to

* Dr. Harris, formerly of New York, but now of San Francisco, late Health Officer at the port of New York, in a letter to Dr. Vache, relates nearly the same circumstances relative to the cholera, and its appearance at Panama in 1849, as are contained in my letter here referred to. The letter of Dr. H. was published the 17th of May, in the NEW YORK ERA. In concluding, Dr. H. remarks, “On speaking to some persons in authority of this disease and these cases, they said, ‘We have no fears of its spreading, from the fact that it never had in any of the cities on

destroy the epidemic poison of cholera, is more than I dare venture to assert or attempt to explain. I merely state the facts, and leave it to others to theorize and speculate as the weight of evidence may preponderate in the scales of opinion.—(*Vid. my letter from Panama, Boston Med. and Surg. Jour. for July 11th, 1849.*)

(n) *Mental Diarrhœa* may, and does, assume any form and resemble either species of bowel complaint. It may be acute or chronic; depending upon the nature of the mental cause, whether it be transient or permanent in its duration. And as I have said, the flux may be bilious, mucous, lienteric or choleric in its character. As sudden excitement induces disease through the influence of *nervous action*, so does the impression which is more durable and long-continued exert its deleterious effect upon the animal economy.

I have, within a few years, had a young woman under my charge, who has suffered from the most obstinate diarrhœa that I ever knew to exist without destroying life. The complaint assumed every type and resisted all treatment—pills of opium, and lead and opium, and the sulph. of copper with opium, would only control the flux in a moderate degree. My patient became feeble, emaciated and neuralgic. She had, previously to being attacked with the bowel complaint, been seduced by her faithless lover. I at length conceived that her troubles, grief and disgrace were the exciting causes of her disease. I reasoned with her, endeavoring to soothe her mind, and I secured the coöperation of some of her own sex whose friendship and condolence she could value and rely upon; and it was under this kind of management that she was restored to a comfortable degree of health.

I have been consulted in the case of an elderly woman, a native of England, whose family were mostly left behind, and whose relatives who were in this country considered her rather a tax upon their generosity than a comfort to their household, and whose circumstances were anything but cheering and prosperous. This old woman has a diarrhœa of a bilious cast, which is most severe. Some physicians have expressed it as their opinion that the complaint is kept up by some organic lesion. I at one time inclined to that opinion myself; but latterly, I am convinced that the mind is diseased, and its operation upon the nervous centres is the cause of the affection.

I became acquainted with a similar instance in California, in the case of a young man who had left a pleasant home and an interesting young wife, and met with disappointment in that country. I observed that in proportion as his mind was distracted, in proportion as he allowed these things to worry and harass him, accordingly would he suffer from the diarrhœa.

In managing any of the complaints which I have noticed, it is of great

the Pacific, nor on board of any vessel navigating its waters.' Now is this true, and if true will you please give me your reasons when you reply to this?"

Certainly there is a mystery about this, not yet explained. Such a rush of emigration as there was over the "isthmus," and along these shores, the emigrants, or many of them, last season, being from infected districts, and having the seeds of disease in them which were most fearfully developed on the route to California; and yet there never was a case of cholera maligna imported to San Francisco, from Panama, nor any of the intermediate places on that side of the continent; an event in the history of cholera which to this day has no parallel.

consequence and moment, that strict regimen, and rest of body and mind, be secured. Cathartics and emetics are likely to injure the delicate structures with which they come in contact, as well as to enfeeble and enervate the patient. *All* medication should have direct reference to the stage, to the pathology and type of the disorder. Age, sex, and all the conditions relating to the patient, will have more or less weight upon the mind of the physician (as these different circumstances may seem to have influence as predisposing and exciting causes), so that the treatment will in every respect correspond to the indications which are to be fulfilled.

J. P. LEONARD, M.D.

Greenville, R. I., June, 1850.

CHLOROFORM IN A CASE OF POISONING BY STRYCHNINE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following I transmit to you, and if you think proper you are at liberty to insert it in your Journal.

Mr. G——, aged about 40, of intemperate habits, took, from among my medicines, on the 5th inst., a bottle of strychnine, and supposing it to be morphine, as he said, swallowed a dose supposed to be about one or two grains. In about twenty minutes afterwards I was requested to see him, as he was supposed to be in a "fit." I found him in the following condition. The whole muscular system rigid; the muscles of the back, and of the upper and lower extremities, rigidly contracted; the head drawn back; articulation difficult; sense of tightness about the chest, perspiration flowing profusely from the face and chest. A number of the physicians of the place came to his assistance. The usual remedies recommended in such cases were resorted to, but without any mitigation of the urgent symptoms. The patient was failing rapidly under the increasing spasmodic action of the whole muscular system. It was now determined to administer chloroform, as death was apparently certain without some relief. One drachm of chloroform was put upon a silk handkerchief, and the patient directed to inhale it. The effect was decisive. The patient (who was at this time in a sitting posture, held so by assistants, who could not move him in the least degree without exciting the most frightful and alarming spasms) requested to be placed in a recumbent position, which was done without exciting the least spasm. The chloroform was carefully administered for some hours, the patient holding the handkerchief most of the time himself, in order, as he said, "to keep off the dreadful spasms." From this time he recovered rapidly, and on the 7th inst. was able to leave for home, a distance of six or seven miles.

In the Western Lancet and Hospital Reporter for February, 1850, published at Cincinnati, Ohio, there is a similar case reported, which is the only one that I know of in which chloroform has been given in case of poisoning by strychnine. Is it not possible that chloroform is the remedy in such cases?

Respectfully yours, &c.

Kenton, O., June 10th, 1850.

A. W. MUNSON.

DEMONSTRATIVE MIDWIFERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in a late number of your useful Journal an article relating to demonstrative midwifery at the Buffalo Medical College, signed by C. Colegrove. As I am one of those whose names he has so kindly requested you to publish for the benefit of future generations, I feel that it is proper that your readers should understand more distinctly the just grounds of the "sectional protest," as he is pleased to call it. And I may be allowed to premise, that I entertain no hostile feelings towards that institution or any of the faculty; on the contrary, I cherish a high regard for them, and not only desire, but am anxious that the institution should prosper by every laudable means—and I have contributed at an early period at least one important and valuable item to the obstetrical department of its museum. If your correspondent has enjoyed any distinguished *light* in the signal triumph of the new mode of instruction, by which he will in his debut in practice be enabled to answer fully and satisfactorily all of the "messenger's unwelcome interrogatories," in that he can say that he has not only attended but has *seen* a case of labor—that light has fallen upon *his* pathway which *few* have enjoyed—I only hope that he may be able to do more than any of his predecessors for the relief of suffering humanity.

That myself or any of those who signed the protest are opposed to clinical instruction in our medical schools, I am unwilling to admit; on the contrary, I would not recommend a friend to an institution where its privileges were not enjoyed. But at the same time I feel that it is our right as well as our duty to contend for decencies and proprieties, as well in the public as private departments of life. In relation to the transaction referred to, I would simply say, that a female, shortly to be confined, was induced to pass the period of her accouchement at the Buffalo Medical College, and during the progress of labor the graduating class were to be present; in what order, or how many at a time, or in what manner they demeaned themselves, does not matter my present purpose: but during or near the close of labor they were all summoned to the room, the woman's face covered, and she exposed in such a manner as all present might have a full and satisfactory view of the concluding stage. This, Sir, is the new mode of instruction your correspondent speaks of, and for the enjoyment of which he expresses so much gratitude. It is the *only* innovation we complain of, and this is a brief statement of the case "as we understand it." Being a resident of Buffalo at the time, I could not unite with the editor of the Buffalo Medical Journal in saying that the "*plan* commended itself to my cordial approbation." It was his announcement of the Demonstration, and his attempt, as we conceived, to forestall public opinion, by securing the approbation of the profession if possible, and this alone, that called forth the protest. That there were improprieties in the transaction, I think might be legitimately inferred from the same announcement, wherein he says that "every regard was had to delicacy, *except* in so far as was requisite for the *illustration*." And I think any one who reads with

care the labored article by the same distinguished editor in the March number of the above Journal, will not be slow to perceive that all we complain of is at least tacitly admitted. I do not think that demonstrations of this kind can be appropriately placed upon a level with those of anatomy or pathology, although a different opinion may be inculcated by the above editor. But suffice it to say, that as the case stands at the present time, what we complain of is *now* denied by the Professor and a *part* of the class as being true. The circumstances and evidence which induced us to believe our understanding to be correct, it is not necessary for me at this time to state. The whole matter is about to undergo a legal investigation (not implicating any of the seventeen, however); and if it shall then be found that nothing was done but what was proper and calculated to subserve the cause of science, I for one shall feel much gratified, but yet cannot feel that the sin of what has been said and done lies at our door.

Yours truly,

Leroy, Genesee Co., N. Y., June 13, 1850.

S. BARRETT.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XVI.

HORACE GREEN, M.D., OF NEW YORK.

"I dare do all that may become a man; who dares do more, is none."—*Macbeth*.

"Give me that man

That is not passion's slave, and I will wear him
In my heart's core, ay, in my heart of heart,
As I do thee."—*Hamlet*.

THE mountains and valleys of Vermont have produced many distinguished men, whose names will long emblazon the scroll of fame, in politics, divinity, law and medicine. She, with her sister States of New England, annually pours out, west and south, her energetic and enterprising sons; who, settling in the wilds of the forest, soon make it bloom like a garden—or in the large city, acquire wealth or distinction, or both. Where are the sons of New England *not* found? Do you see a member in the halls of Congress from some wild and unknown district in the West? ten to one he is some enterprising New Englander, who a few years ago went there to "seek his fortune." And he has found it. But we need not dwell upon what the world so well knows.

Descended from a distinguished family, his uncle, Gen. Green, having figured in the revolutionary war, a twin son of his mother's old age, and one of a large family, who, like others, have scattered over the States, filling the various learned professions, Dr. HORACE GREEN early began that mental training and self-education so characteristic of his countrymen. Having taught school for a number of years, and obtained an English as well as a classical education, he soon found that the medical profession was that best calculated to satisfy the mental longings of a young and ambitious man. A new medical school had been established at Castleton, in his own State, and here he hied to attend the lectures of Eaton, of Woodward, and others. Having graduated, he soon selected an amiable and accomplished young lady of Rutland, to share the bliss

or woe of a medical man's life. I see it now, that cottage, with its little garden and *pale* fence—the noble mountains around, the running stream, the church spire, the store and the farm house, and the bank with the stately president; I see them all. The young doctor starts out in his sulky, a noble dog following him. Over hill, across streams, in every direction, he wends his way, to heal the sick, console the dying, and to dream of future renown and distinction. He walks proudly among the hardy mountaineers, and is as good a shot as they.

Feeling that the little country medical school had not done all that ought to be done for one who aspired to be a "head doctor," he tearfully bids adieu for a season to his young wife, and goes to the far-off city of Philadelphia, to study in the land of Rush, Physick, Wistar, and Barton, the great principles of medical science. He attends the University of Pennsylvania, and, after a hard season of labor, returns to his home and friends, bearing the best fruits of medical science which America can afford. Soon the fair mountain flower fades, and the beautiful cottage and grounds are shut up and deserted. They have lost their *life*. One pledge of her affection she leaves with her young husband, and then departs to a land free from sorrow and from pain. The tall and graceful form of the village doctor is bowed with sorrow. All things, the brook where they went fishing for trout, the hill-side where they strayed to gather nuts or the sweet juice of the maple; the mountain, whose shaggy side so often glowed with the "fire of the hills;" all, all remind him of joys lost, cut off and forever gone. He *cannot* stay among these scenes of his boyhood, and early happy, but now, alas! unhappy manhood. Leaving his babe in the hands of relatives, he wends his way to the great city of New York, and opens an office in the very midst of this great Babel of noise, of confusion, of wealth, of fame, and of struggling humanity. The change produces a re-action, a few friends are found, and they appreciate the Vermonter. With a sick friend he visits London and Paris, and there seeks those stores of knowledge, which even Philadelphia could not give. He makes the acquaintance of Johnson, the celebrated James, with whom a conversation ensues, in which the idea of a new treatment for a most prevalent disease is elicited. Addison, Owen, Samuel Cooper, Liston, and many others, are visited; and the great Hospitals of London afford material for study and close reflection, for his now matured mind. He then goes to Paris; attends the six o'clock clinics of Louis, of Roux, of Civiale, Rayer, Blandin, Andral, and many others. He returns to London, thence home, freighted with a goodly load of medical science. Hardly has he returned, when his reputation, which has flown to his native hills before him, induces the offer of a chair in the Vermont Medical School at Castleton, his respected *Alma Mater*. He accepts the chair of the Practice of Medicine, and temporarily returns to the haunts and the friends of his youth; retaining, however, his position in New York. Under his management, for he was the President, the school took that start which secured its present prosperous condition. Finding his practice in New York increasing, so that it was impolitic to leave it for Castleton, after two sessions he resigned the chair, and

confined himself exclusively to general practice. At the same time, he married a young, amiable and accomplished lady of Waterford, near Troy.

The practice suggested by a conversation with Johnson, in reference to the topical application of medical agents to the larynx, was successfully tried, and patients attended him, during his lectures in Castleton, to be treated in this way. Cato thinks he remembers the first patient. A grateful public soon openly acknowledged the propriety and practicability of the practice; and for ten years he has had abundance of patients from all parts of this continent, to be cured of chronic affections of the throat and chest. A valuable, practical work, soon followed, published in New York and London, a second edition of which is now nearly sold. Applying the principle to the diseases of infants, particularly croup, many cases have been published by himself and friends, in which this fatal disease has been successfully treated by topical applications; and a small volume is the result of his observations. It is to be hoped that a second edition, revised and enlarged, of this work, will soon be prepared by the accomplished author. This discovery has not only given him reputation and a wide-spread fame, both American and European, but has gained him a large and lucrative practice.

Finding that practice alone, although enjoying one of the most extensive and lucrative in the United States, if not *the* most profitable, is not sufficient to occupy his mind, he with some friends applied to the Legislature and obtained a charter for a new medical school, in which all the branches of medicine are to be taught, under the title of the New York College of Medicine. His ever active mind will here find something to combat and overcome, as in other instances in his life's history. First, the trammels of ignorance were to be conquered; and, as by "teaching we learn," he adopted the usual plan of his countrymen, and taught and learned. Then a profession was to be gained. This done, a position in the profession was to be obtained—first taking what instruction was within reach, then going to a higher source, then proceeding to Europe, then obtaining a large practice as the natural fruit of all this study; then teaching others, and now placing himself in a position to dictate to hundreds and thousands of young men the principles, practice and professional courtesies of a profession which he so eminently adorns.

Personally, Dr. G. is tall and rather *spare*; very black hair, now turning a little grey; a sharp black eye, rather a brunette; and gentle and kind in his address. His manners are quiet and dignified, those of a gentleman accustomed to good society. They say a poet must be born. Cato opines that this is equally true of a gentleman; and he further thinks that nothing so deforms a man, especially a medical man, as rough, uncouth, or clownish manners. If any man should be *gentle*, in the highest sense of the word, it is he who ministers to our diseased bodies and minds.

But we must close. A fine family of some five beautiful children, grace the board of the poor Vermonter. Wealth, troops of friends, and gratified ambition, are his. He has heretofore conquered each obstacle as it arose before him, and will doubtless, with his colleagues, build up

to a distinguished eminence the New York College of Medicine. Long may he live to enjoy the honors and emoluments of the profession which he has well and truly labored in. CATO.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 26, 1850.

Hooping Cough.—Mention was made, in last week's Journal, of the discrepancy of opinion existing among medical men, in regard to the best treatment for burns in their primary condition. The same state of things exists respecting hooping cough, which is classed by some among the exanthematous diseases, by others as a *peculiar affection* of the bronchiæ, or as a malady *sui generis*. That it is a very troublesome and often distressing malady among children, there can be no doubt; and further, that it is a disease peculiar to the infantile state, is not questioned. Again, we are told that it is a self-limited disease, and should be classed among such diseases—that art cannot abridge it, or in the least palliate its symptoms; that our treatment, if any is made use of, must be of the expectant character. All this we have been taught to believe as true, and like unto the clerk at the altar give our response by saying amen, even if the word should stick in our throats. We are presumptuous enough to believe, that with proper observance and study of this peculiar affection, it may in a great measure be brought under our control, at least so as to modify its distressing symptoms, if not abridge it entirely. Medical knowledge, no more than any other knowledge, ever came by hereditary descent, or by inspiration; it is only by indomitable perseverance in the prosecution of our investigations of the phenomena of disease, that we are ever led to make any progress. Let every practitioner in medicine study well the cases under his care, banish all speculative theories, particularly those bordering upon absurdities—in fact, commence the pathological research *de novo*, and there cannot be the least doubt that a more satisfactory conclusion will be arrived at, than the one generally entertained. In a future number we shall have something more to say on the subject.

Perkins Institution for the Blind.—The Eighteenth Annual Report of the Trustees of the Perkins Institution and Massachusetts Asylum for the Blind has been received. It is quite voluminous, and exceedingly interesting, showing the increasing prosperity of the institution, and that it is the almoner of the greatest good to that unfortunate class, the sightless. Forty-six of the ninety-four pages of the Report are devoted especially to that physiologically interesting and world-renowned patient, Laura Bridgman. Dr. Howe makes a strong appeal to the benevolence of our wealthy citizens in her behalf, which we sincerely hope may have the desired effect. It is truly marvellous that a child, deprived of the senses of seeing and hearing, should in the short space of six or seven years acquire such mastery over letters, and that she can with readiness comprehend the meaning of others, and communicate her thoughts in a way to be readily understood. All this has been accomplished by the most untiring patience on the part of the director and superintendent, to whose indefatiga-

ble zeal the general prosperity of the institution is also indebted. Under his able supervision it has become the model asylum in the United States, if not in the world.

The proposed City Hospital in Boston.—In a previous number of the Journal, our opinion was fully expressed regarding the expediency of erecting a new hospital in the city of Boston. Since then the matter has been discussed in our pages, in private circles, and in the City Council—and the conclusion generally arrived at is, that such an institution is not only desirable but necessary. It has been found that the General Hospital is insufficient to accommodate all who apply for admittance, and, further, that contagious diseases are there never treated. Now if a hospital could be erected, and properly conducted, in which the native population should be provided for, as well as those of foreign birth, we could not reasonably make any objection. If there is one to be built, let it be done with a view to accommodate, and not for a gaudy show; let it be spacious, with appropriate wings—so that the lying-in, the fever, the contagious and surgical patients, can receive their appropriate treatment, and otherwise be comfortably provided for. There cannot be any doubt, if a new hospital is determined upon, and if the right policy is exhibited in its construction and management, that in after years it would receive most liberal endowments from our wealthy citizens.

Dr. Nathaniel Miller.—We are again called upon to announce the death of a distinguished physician and surgeon, Dr. Nathaniel Miller, of Franklin, in the county of Norfolk. Dr. Miller has enjoyed a high reputation as a surgeon and physician, and indeed was considered among the foremost ones in his district. A short sketch of his life has been furnished us, but it came too late for this number of the Journal. Dr. Miller was in his 80th year.

Professor Webster.—After a hearing before the full bench of the supreme Judicial Court, upon the application for a writ of error, in the case of Dr. Webster, the judges have decided that their former proceedings were strictly legal, and in conformity to the statute, and the application was therefore dismissed. It is expected that the Governor and Council, with whom the whole matter now rests, will act upon his case in a few weeks.

Death by Hydrophobia.—A little boy, 4 years old, living in Nashua, N. H., was bitten in the hand about six weeks since by a rabid dog. Although the wound kindly healed, a day or two before his death he exhibited decided symptoms of hydrophobia, from which he suffered intensely until relieved by death.

Meeting of Superintendents of Insane Hospitals.—The Superintendents of the various insane hospitals in the country held, last week, their annual session in this city. Quite a large number of distinguished medical gentlemen composed the delegation. At these meetings the best modes of governing that unfortunate class, the insane, are discussed, with other

important subjects relative to lunatic asylums, which cannot fail to produce much good. It appears that the principal part of the first day was spent in discussing the propriety of the superintendent of an asylum being chief *interne*, that is, having the exclusive control of patients. Some of the delegates did not consider *consulting* physicians of any consequence whatever. Dr. Bates read a paper on the medical treatment of the insane. He believed no case of prolonged derangement of the affections and intellect ever existed without irritation of the brain. The treatment, in these cases, had very much changed within the last century. He apprehended that the moral and physical causes tending to produce this irritation had very much increased. But he thought the system of depletion, to counteract this, was carried to an extreme, though he would not intimate that the systems of bloodletting and cathartics were carried to the extent they were formerly. Most of the bloodletting in his institution had been produced by the patients themselves, and he believed it was as likely to benefit them as if he had done it himself; but he saw no benefit from it. The members of the Convention visited the Lunatic Asylum at South Boston, and were entertained one evening at the house of the mayor of the city. An excursion in the harbor, including an entertainment by Dr. Moriarty at Deer Island, was enjoyed by the members on Friday. Dr. Awl, of Columbus, Ohio, was President of the Association.

BIBLIOGRAPHICAL NOTICES.

Southern Medical Reports for 1849.—These Medical Reports, general and special, relate to the medical topography, meteorology and prevalent diseases in Louisiana, Alabama, Mississippi, North and South Carolina, Georgia, Florida, Arkansas, Tennessee and Texas; edited by E. D. Fenner, M.D., New Orleans. When the prospectus of this work was issued by Dr. Fenner, mention of it was made in the Journal. We then conceived the project a good one, and well calculated to bring out the medical talent of the South, particularly in regard to the diseases of malignant character within the districts to be embraced in the Reports. Since then the work in question has been received, and we have not been disappointed in our expectations. Such an undertaking must be attended with many obstacles, and much labor and expense. In the introductory address by the editor, he says, "In respect to medical literature and science, our lot has been cast in a region where they have as yet been but slightly cultivated—a region vast in extent, and abounding in the sources of human life and comfort, already inhabited by millions of human beings, and capable of maintaining tens of millions. But this fair and beautiful section of the globe is not supplied by the hand of Providence with its rich luxuriance of blessings and comforts, unmixed with the sources of suffering and of death. **** From the earliest settlement of the Southern States by the white man, their historian has had to note the prevalence of the most destructive diseases. If the thousands who have fallen into untimely graves could rise from the dead and stand before us, how appalling would be the sight. In view of this great destruction of human life, one might readily suppose that the diseases to which man has been exposed in the South had been objects of special attention, and that the profession which is devoted to their study and management had received every possible encouragement and support; moreover, that every physician who had witnessed the sufferings of his fellow-beings, and discovered any better method of relieving them, had not only been richly

rewarded for his services, but urged by every noble impulse to transmit his observations to those who were to follow him. **** The motive that prompted the present undertaking was a desire to stimulate the physicians of the South to a more zealous and energetic prosecution of the noble science to which they have devoted their lives; and its object, to establish a cheap and substantial medium of publication, through which their labors may be united, interchanged among each other, and handed down to posterity." That such an object may be accomplished, with full recompense to its enterprising author, is our sincere wish; and we hope that the profession in all parts of the United States will fully appreciate the editor's labors, and give him their hearty and substantial support. B. M. Norman, New Orleans, and S. S. & Wm. Wood, N. Y., Publishers.

Taylor's Medical Jurisprudence.—"Medical Jurisprudence, by Alfred S. Taylor, F.R.S. Second American, from the Third London Edition; with Notes and Additions, by R. E. Griffith, M.D., &c. Philadelphia, Lea & Blanchard: Boston, Ticknor & Fields." Since the appearance of the first edition of this work, many new and important discoveries have been made in the science of medicine, and particularly in that part relating to jurisprudence. It has in consequence been found necessary to re-write the greater part of the work, and add several new chapters, which make it complete for the object intended; rendering it a work of useful reference, alike serviceable to the medical and the legal profession. Apart from its value and usefulness in scientific evidence, it is a work well calculated to please the reader who is in pursuit of general information respecting anatomy, physiology, pathology, materia medica, chemistry, toxicology, &c. We have seen no work of the kind, wherein more valuable and important information was imparted.

Dr. Strudwick's Address.—This is an Address before the Medical Society of the State of North Carolina, at its first anniversary at Raleigh, by its President, Edmund Strudwick, M.D. Dr. Strudwick's Address is characterized by lofty and noble sentiments, and is well calculated to do much good in the new society over which he has the honor to preside. It afforded us much pleasure in reading it, and gladly would we avail ourselves of quoting some of its passages; but the following must suffice. "Honesty is the ornament of every vocation, and it is peculiarly the best policy as well as the highest privilege of the physician; and he who departs from its old-fashioned but honored maxims, is sure to meet with dishonor and disappointment. He who expects to gain business or to acquire reputation by trusting to the meretricious tones of his own trumpet, occupies only a base and fancied vantage ground, and will sooner or later receive, what he justly merits, the disgust of the community and the contempt of his fellows. Exhibitions of disreputable medical character, I would fondly hope, are not of frequent occurrence; and I only mention them that we may place upon them the mark of disapprobation."

TO CORRESPONDENTS.—The continuation of Dr. Williams's cases of Cataract, a case of Homicidal Monomania in Michigan, and a notice of the late Dr. Nathaniel Miller, are on file for publication.

Deaths in Boston—for the week ending Saturday noon, June 22d, 57.—Males, 29—females, 28. Accidental, 2—inflammation of bowels, 1—congestion of brain, 2—burn, 1—consumption, 5—convulsions, 3—cancer, 2—croup, 3—debility, 2—dysentery, 1—droopy, 2—drowned, 2—erysipelas, 1—typhus fever, 1—scarlet fever, 1—lung fever, 1—hooping cough, 2—disease of heart, 1—intemperance, 1—infantile diseases, 3—inflammation of lungs, 2—marasmus, 3—measles, 4—palsy, 1—smallpox, 7—teething, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 5—over 60 years, 5. Americans, 18; foreigners and children of foreigners, 39.

Extraction of a Hair-pin from the Urethra.—A young man, twenty-three years of age, had introduced a hair-pin into his urethra, beginning by the bend of the pin. The extremities of the branches were only about an inch from the meatus, and M. Soulé endeavored to pull the foreign body through that opening, but in vain. He then had recourse to M. Boinet's method, which is applied in the following manner:—The penis is strongly bent upwards, and the points of the pin are thus made to transfix the inferior parietes of the urethra; the two branches of the pin are then separated transversely; one of them is cut off, and the other comes out with facility. The operation lasted only a few minutes, and the patient got off with two punctures in his penis; the latter was wrapped with cold compresses, and two days afterwards he left the hospital, with no other lesion but two ecchymosed spots corresponding to the perforations caused by the operation.—*Journal de Médecine de Bordeaux.*

New Mode of Arresting Inflammation.—M. Robert Latour communicated, a few days ago, a paper to the Academy of Sciences of Paris, wherein he tries to prove that any inflammation manifesting itself on the skin may be arrested by covering the inflamed integuments with an adhesive compound, which will wholly and effectually prevent the contact of atmospheric air. This idea has been suggested to him by the experiments of Dr. Fourcault, who used to produce great disturbance of internal organs upon animals, which he painted all over with a resinous and adhesive compound. M. Latour formerly used gum to cover the parts, but has now substituted collodion for it. Two cases of erysipelas were cited, which, being treated in this way, were well in a few days.—*London Lancet.*

Accidental Poisoning.—Some time ago a medical practitioner prescribed to a patient in a French town two ounces of sulphate of potash, to be taken in broth. The man took it, and died the next day, after copious vomiting. The pharmacien, at whose establishment the salt had been bought, had himself served the man, and the matter having been inquired into, it was discovered that bioxalate of potash had been given instead of the sulphate. The wholesale druggist was, however, alone to blame, as he had sent the poisonous compound with the name of sulphate of potash. Such an unfortunate occurrence shows how carefully chemists should in most cases test the drugs they receive from the wholesale houses.—*Ib.*

Death of Dr. Prout, F. R. S.—This distinguished member of the medical profession expired at his residence, Sackville street, Piccadilly, on the 9th April, at an advanced age. Dr. Prout was deservedly well known for his various contributions to medical science, particularly by his *Bridgewater Treatise on Chemistry, Meteorology, and the Function of Digestion considered with reference to Natural Theology*. The lamented deceased had also contributed many valuable papers to the *Philosophical Transactions*.—*Ib.*

Treatment of Ague.—Dr. Bellecaille states, in the *Revue Scientifique*, that the following liniment has been very successful, in his hands, in cases of ague:—Oil of turpentine, four ounces; laudanum of Rousseau (opium and fermented honey), one drachm. Two tablespoonfuls to be rubbed along the spine, night and morning, about two hours before the fit.